

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
**(FOR USE WITH FORM PTO-875)**

10/567326

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1		1					51					
2								52					
3								53					
4								54					
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43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.			↓	/	↓	↓		TOTAL IND.			↓		↓
TOTAL DEP.			←	←	←			TOTAL DEP.			←		←
TOTAL CLAIMS			1/2					TOTAL CLAIMS					